



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6492

<b>SERIAL NUMBER</b> 10/010,993	<b>FILING DATE</b> 11/12/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3625	<b>ATTORNEY DOCKET NO.</b> 20228-300501	
<b>APPLICANTS</b> Gerard Alan Lynch, Agoura Hills, CA; <b>** CONTINUING DATA *****</b> <i>Y CIP</i> THIS APPLICATION IS A CIP OF 09/728,356 12/01/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/08/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>CLAN</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> <i>customer Number 37509</i> 25696					
<b>TITLE</b> Method for presenting related items for auction					
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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**APPLICANTS**  
Gerard Alan Lynch, Agoura Hills, CA;

**\*\* CONTINUING DATA \*\*\*\*\*** *Y CMN*  
THIS APPLICATION IS A CIP OF 09/728,356 12/01/2000  
WHICH CLAIMS BENEFIT OF 60/265,946 02/01/2001 \*  
(\*) Data inconsistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *N CMN*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 01/08/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
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Verified and Acknowledged  
Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**  
25696

**TITLE**  
Method for presenting related items for auction

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